

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490375       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>California Nurses Association</b> Iowa caucus		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>	
Mailing Address 2000 Franklin Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D691080</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>
Purpose of Expenditure Online advertising		Category/Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>California Nurses Association</b> Nevada primary		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>	
Mailing Address 2000 Franklin Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Oakland	State CA	Zip Code 94612	<b>Transaction ID : D691081</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>
Purpose of Expenditure Online advertising		Category/Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

12

10

2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Autumn Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 03 / 2015</b>	
Mailing Address <b>945 Camelia St</b>		Amount <b>1376.54</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710-1437</b>	Transaction ID : <b>D691083</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 07 / 2015</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7484.44</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Alliance Graphics</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 08 / 2015</b>	
Mailing Address <b>1101 8th Street</b>		Amount <b>6007.90</b>	
City <b>Berkeley</b>	State <b>CA</b>	Zip Code <b>94710</b>	Transaction ID : <b>D691084</b>
Purpose of Expenditure <b>Printing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 08 / 2015</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7484.44</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7384.44</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Carolyn Hietamaki

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 10 / 2015**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>California Nurses Association</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 07 / 2015</b>	
Mailing Address <b>2000 Franklin Street</b>		Amount <b>100.00</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D691082</b>
Purpose of Expenditure <b>Online advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 09 / 2015</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7484.44</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lamar Companies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 09 / 2015</b>	
Mailing Address <b>PO Box 96030</b>		Amount <b>1974.00</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70896</b>	Transaction ID : <b>D691085</b>
Purpose of Expenditure <b>Print advertising</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 09 / 2015</b>	
Name of Federal Candidate <b>BERNARD SANDERS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: <b>SC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1974.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2074.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>19458.44</b>

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Carolyn Hietamaki

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 10 / 2015**

Signature